

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10/519529**

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing	1	7/12/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

Anthony H. Handal  
599 Lexington Ave - 33rd floor  
New York, NY 10022-6030

7 TOTAL AMOUNT OF REFUND \$ 100

10 REASON:  
☒ Overpayment  
☐ Duplicate Payment  
☐ No Fee Due (Explanation):

8 TO BE REFUNDED BY:  
☒ Treasury Check  
☐ Credit Deposit A/C #:  
9 

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11 REFUND REQUESTED BY: P.K. ~

TYPED/PRINTED NAME: \_\_\_\_\_ TITLE: Paralegal  
SIGNATURE: P. Kidwell \_\_\_\_\_ PHONE: 365-3656  
OFFICE: PA

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**